

Form 1040

Form 1099-R Worksheet

2005

Keep for your records

Name <u>Doris E Lackman</u>	Social Security Number <u>283-09-9564</u>
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Check Applicable Box: 1099-R ☒ CSA-1099-R ☐ CSF-1099-R ☐ RRB-1099-R ☐Payer Federal ID 41-1366075
Payer Name Allianz LifeName (cont.) _____
Street Address or P. O. Box 5701 Golden Hills Dr
City Minneapolis State MN ZIP 55416Payer has a foreign address ☐If Spouse's 1099-R, check this box ☐

This section is for RRB-1099-R use only

1 Gross distribution	<u>13,056.</u>	2 a Taxable amount (See Help)	<u>13,056.</u>
2 b Taxable amount not determined	<input type="checkbox"/>	Total distribution	<input type="checkbox"/>
3 Capital gain		4 Federal tax withheld	
5 Contributions/Insurance		6 Net unrealized appreciation	
7 Distribution code(s) <u>7</u>	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	Roth IRA	<input type="checkbox"/>

10-1 State tax withheld _____ 11-1 State _____ Payer's state No. _____
 12-1 State distribution _____ State use code (See Help) _____
 13-1 Local tax withheld _____ 14-1 Name of locality _____
 15-1 Local distribution _____

Check if NOT from a qualified retirement plan or IRA (see Help) ☐
 If box 7 code is J or T, check if a qualified Roth IRA distribution (see Help) ☐
 If box 7 code is J, enter amount used for first time home purchase _____

Rollovers Important. Do not enter a Roth conversion or recharacterization as a rollover.
 Enter conversions and recharacterizations on page 2.
 Entire distribution rolled over ☐ or amount of partial rollover _____

Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
 Spouse and treat as recipient's own (this is treated as a rollover) ☐
 Recipient, but was originally inherited from a spouse (treated as recipient's IRA) ☐
 Spouse and not treat as recipient's own (taxable amount must be in box 2a) ☐
 Someone other than a spouse (taxable amount must be in box 2a) ☐

Insurance Amount of insurance premiums deductible on Schedule A _____

RMD If this is a Required Minimum Distribution (RMD) (See Help),
 Entire gross is RMD ☐ or the amount of gross distn that is RMD _____

8 Other _____ % _____	
9 a Percentage of total distribution _____	9 b Total employee contributions _____

10-2 State tax withheld _____ 11-2 State _____ Payer's state No. _____
 12-2 State distribution _____ State use code (See Help) _____
 13-2 Local tax withheld _____ 14-2 Name of locality _____
 15-2 Local distribution _____

Substitute Form 1099-R

If substitute Form 1099-R needed, double-click to link to Form 4852 _____

Recipient information: Correct to match recipient information on Form 1099-R
 Recipient's federal ID. 283-09-9564 Recipient has a foreign address (see Help) ☐
 Recipient's name Doris E Lackman
 Address 11425 Co Moor Blvd City Strongsville St OH ZIP code 44149
 Account number _____ Corrected ☐ Non standard ☐

11/28/05 2 checks
 \$6,528.03 Eilee
 6528.03 Dor

Form 1040

Form 1099-R Worksheet
Keep for your records

2006

Name Doris E LACKMAN		Social Security Number 283-09-9564	
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Check Applicable Box: 1099-R ☒ CSA-1099-R ... ☐ CSF-1099-R ... ☐ RRB-1099-R ... ☐

Payer Federal ID **41-1366075**
Payer Name **Allianz Life**
Name (cont.)
Street Address or P. O. Box **5701 Golden Hills Dr**
City **Minneapolis** State .. **MN** ZIP **55416**
Payer has a foreign address ☐

If Spouse's 1099-R, check this box ☐

This section is for RRB-1099-R use only

<p>1 Gross distribution 6,409.</p> <p>2 b Taxable amount not determined <input type="checkbox"/></p> <p>3 Capital gain</p> <p>5 Contributions/Design Roth/Insur</p> <p>7 Distribution code(s) 7</p> <p>10-1 State tax withheld 6,409.</p> <p>12-1 State distribution 6,409.</p> <p>13-1 Local tax withheld</p> <p>15-1 Local distribution</p>	<p>2 a Taxable amount (See Help) 6,409.</p> <p>4 Total distribution <input type="checkbox"/></p> <p>6 Federal tax withheld</p> <p>6 Net unrealized appreciation</p> <p>IRA/SEP/SIMPLE <input checked="" type="checkbox"/> Roth IRA <input type="checkbox"/></p> <p>11-1 State .. OH Payer's state No.</p> <p>State use code (See Help)</p> <p>14-1 Name of locality</p>
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Check if NOT from a qualified retirement plan or IRA (see Help) ☐

If box 7 code is J or T, check if a qualified Roth IRA distribution (see Help) ☐

If box 7 code is J, enter amount used for first time home purchase

Rollovers Important. Do not enter a Roth conversion or recharacterization as a rollover.
Enter conversions and recharacterizations on page 2.
Entire distribution rolled over ☐ or amount of partial rollover

Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
Spouse and treat as recipient's own (this is treated as a rollover) ☐
Recipient, but was originally inherited from a spouse (treated as recipient's IRA) ☐
Spouse and not treat as recipient's own (taxable amount must be in box 2a) ☐
Someone other than a spouse (taxable amount must be in box 2a) ☐

Insurance Amount of insurance premiums deductible on Schedule A

Qualified Charitable Distribution Enter IRA distributions made directly by the trustee
to a qualified charitable organization

RMD If this is a Required Minimum Distribution (RMD) (See Help).
Entire gross is RMD ☐ or the amount of gross distbn that is RMD

<p>8 Other %</p> <p>9 a Percentage of total distribution</p> <p>10-2 State tax withheld 11-2 State .. Payer's state No.</p> <p>12-2 State distribution State use code (See Help)</p> <p>13-2 Local tax withheld 14-2 Name of locality</p> <p>15-2 Local distribution</p>	<p>Substitute Form 1099-R If substitute Form 1099-R needed, double-click to link to Form 4852</p>
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Recipient Information: Correct to match recipient information on Form 1099-R

<p>Recipient's federal ID. 283-09-9564</p> <p>Recipient's name Doris E LACKMAN</p> <p>Address 11425 Co Moor Blvd</p> <p>1st year of desig. Roth contrib.</p> <p>Account number</p>	<p>Recipient has a foreign address (see Help) <input type="checkbox"/></p> <p>City Strongsville St OH ZIP code 44149</p> <p>Corrected <input type="checkbox"/> Non standard <input type="checkbox"/></p>
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US 1099-R Distributions from Profit-Sharing, Retirement Plans, IRA's, etc.

2007

This 1099-R is for the: <input checked="" type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse		
Check if this 1099-R is handwritten, altered, or appears not to be a true 1099-R. Corrected		
Payer's ID: 41-1366075 Name code: ALLI	1 Gross (RRB line 7) 6794.	Taxable amount not determined
Payer's name Allianz life Payer's care of name. Use % for care of.	2 Taxable amount 6794.	Total distribution Elect 10 averaging
Payer's address 5701 Golden Hills Dr Payer's Zip code, city, and state 55416 Minneapolis MN	3 Capital gain in line 2 0.	4 Federal tax withheld 679.
Recipient's social security number: 283-09-9564	5 Employee contributions, Designated Roth contributions or insurance premiums 0.	6 Net unrealized appreciation in employer's securities 0.
Recipient's name Doris E LACKMAN Recipient's address 11425 Co Moor Blvd Strongsville OH 44149	7 Codes 7 IRA / SEP / Simple <input checked="" type="checkbox"/>	8 Other 0.0 % 0.
1st year of designated Roth contribution	Check if disability and the taxpayer is disabled Check to force Form 5329	
Account number (optional)	9a Percentage of total distribution 0.0 %	9b Total employee contributions 0.
See F1 Help on the state return for use of these boxes. Instructions vary by state. Check if applies. Box 1 Box 2 Box 3 Railroad retirement	10 State tax 0.	11 State and state ID no. 0.
	13 Local tax 0.	14 Locality name 0.
		15 Local distribution 0.

Exclusion Worksheet

1 Amount rolled over	0.
2 Amount, up to \$100,000, paid directly by the trustee of the IRA to a charitable organization. The donor must have been at least 70 1/2 when the distribution was made	0.
3 Amount rolled over into an HSA. This election is irrevocable and can only be done once in the recipient's lifetime	0.
4 Retired public safety officers - amount, up to \$3,000, paid directly from a qualified governmental plan to pay health or qualified long-term care insurance for the taxpayer, spouse, or dependents	0.
5 Excludable amount due to a tax-free exchange; as calculated in a previous year; or by law, is specifically tax-exempt	0.
* If the distribution is from a traditional, SEP, or SIMPLE IRA and you ever made nondeductible IRA contributions, check	
* If this is a conversion from a traditional IRA to a Roth IRA, check	
If PART of this distribution was converted to a Roth IRA,	

US 1099-R Distributions from Profit-Sharing, Retirement Plans, IRA's, etc.

2007

This 1099-R is for the: ☒ Taxpayer ☐ Spouse

Check if this 1099-R is handwritten, altered, or appears not to be a true 1099-R.

Corrected

Payer's ID: 41-1366075 Name code: ALLI		1 Gross (RRB line 7) 15000.	Taxable amount not determined
Payer's name Allianz Life Payer's care of name. Use % for care of. Payer's address 5701 Golden Hills Dr Payer's Zip code, city, and state 55416 Minneapolis MN		2 Taxable amount 15000.	Total distribution Elect 10 averaging
		3 Capital gain in line 2 0.	4 Federal tax withheld 750.
Recipient's social security number: 283-09-9564		5 Employee contributions, Designated Roth contributions or insurance premiums 0.	6 Net unrealized appreciation in employer's securities 0.
Recipient's name Doris E LACKMAN Recipient's address 11425 Co Moor Blvd Strongsville OH 44149		7 Codes 7 IRA / SEP / Simple <input checked="" type="checkbox"/>	8 Other 0.0 % 0.
		Check if disability and the taxpayer is disabled Check to force Form 5329	
1st year of designated Roth contribution		9a Percentage of total distribution 0.0 %	9b Total employee contributions 0.
Account number (optional)			
See F1 Help on the state return for use of these boxes. Instructions vary by state. Check if applies. Box 1 Box 2 Box 3 Railroad retirement	10 State tax 0.	11 State and state ID no. OH	12 State distribution 15000.
	0.		0.
	13 Local tax 0.	14 Locality name	15 Local distribution 0.
	0.		0.

Exclusion Worksheet

1 Amount rolled over	0.
2 Amount, up to \$100,000, paid directly by the trustee of the IRA to a charitable organization. The donor must have been at least 70 1/2 when the distribution was made	0.
3 Amount rolled over into an HSA. This election is irrevocable and can only be done once in the recipient's lifetime	0.
4 Retired public safety officers - amount, up to \$3,000, paid directly from a qualified governmental plan to pay health or qualified long-term care insurance for the taxpayer, spouse, or dependents	0.
5 Excludable amount due to a tax-free exchange; as calculated in a previous year; or by law, is specifically tax-exempt	0.
* If the distribution is from a traditional, SEP, or SIMPLE IRA and you ever made nondeductible IRA contributions, check	
* If this is a conversion from a traditional IRA to a Roth IRA, check	
If PART of this distribution was converted to a Roth IRA,	

US 1099-R Distributions from Profit-Sharing, Retirement Plans, IRA's, etc.

2008

This 1099-R is for the: ☒ Taxpayer ☐ Spouse

Check if this 1099-R is handwritten, altered, or appears not to be a true 1099-R.

Corrected

Payer's ID: 41-1366075 Name code: ALLI	1 Gross (RRB line 7) 7500.	Taxable amount not determined
Payer's name Allianz life Payer's care of name. Use % for care of. Payer's address 5701 Golden Hills Dr Payer's Zip code, city, and state 55416 Minneapolis MN	2 Taxable amount 7500.	Total distribution Elect 10 averaging
	3 Capital gain in line 2 0.	4 Federal tax withheld 0.
	5 Employee contributions, Designated Roth contributions or insurance premiums 0.	6 Net unrealized appreciation in employer's securities 0.
Recipient's social security number: 283-09-9564	7 Codes 7 IRA / SEP / Simple	8 Other 0.0 % 0.
Recipient's name Doris E LACKMAN Recipient's address 11425 Co Moor Blvd Strongsville OH 44149	Check if disability and the taxpayer is disabled Check to force Form 5329	
1st year of designated Roth contribution	9a Percentage of total distribution 0.0 %	9b Total employee contributions 0.
Account number (optional)		
See F1 Help on the state return for use of these boxes. Instructions vary by state. Check if applies. Box 1 Box 2 Box 3 Railroad retirement	10 State tax 0.	11 State and state ID no. 0.
	13 Local tax 0.	14 Locality name 0.
		15 Local distribution 0.

Exclusion Worksheet

1 Amount rolled over	0.
2 Amount, up to \$100,000, paid directly by the trustee of the IRA to a charitable organization. The donor must have been at least 70 1/2 when the distribution was made	0.
3 Amount rolled over into an HSA. This election is irrevocable and can only be done once in the recipient's lifetime	0.
4 Retired public safety officers - amount, up to \$3,000, paid directly from a qualified governmental plan to pay health or qualified long-term care insurance for the taxpayer, spouse, or dependents	0.
5 Excludable amount due to a tax-free exchange; as calculated in a previous year; or by law, is specifically tax-exempt	0.
* If the distribution is from a traditional, SEP, or SIMPLE IRA and you ever made nondeductible IRA contributions, check	
* If this is a conversion from a traditional IRA to a Roth IRA, check	
If PART of this distribution was converted to a Roth IRA,	

US 1099-R Distributions from Profit-Sharing, Retirement Plans, IRA's, etc.

2008

This 1099-R is for the: <input checked="" type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	
Check if this 1099-R is handwritten, altered, or appears not to be a true 1099-R. Corrected	
Payer's ID: 41-1366075 Name code: ALLI	1 Gross (RRB line 7) 7050. Taxable amount not determined
Payer's name Allianz Life Payer's care of name. Use % for care of. Payer's address 5701 Golden Hills Dr Payer's Zip code, city, and state 55416 Minneapolis MN	2 Taxable amount 7050. Total distribution Elect 10 averaging
	3 Capital gain in line 2 0. 4 Federal tax withheld 705.
	5 Employee contributions, Designated Roth contributions or insurance premiums 0. 6 Net unrealized appreciation in employer's securities 0.
Recipient's social security number: 283-09-9564	7 Codes IRA / SEP / Simple 7 X
Recipient's name Doris E LACKMAN Recipient's address 11425 Co Moor Blvd Strongsville OH 44149	8 Other 0.0 % 0.
1st year of designated Roth contribution	Check if disability and the taxpayer is disabled Check to force Form 5329
Account number (optional)	9a Percentage of total distribution 0.0 % 9b Total employee contributions 0.
See F1 Help on the state return for use of these boxes. Instructions vary by state. Check if applies. Box 1 Box 2 Box 3 Railroad retirement	10 State tax 0. 11 State and state ID no. OH
	12 State distribution 7050. 0.
	13 Local tax 0. 14 Locality name 15 Local distribution 0. 0.

Exclusion Worksheet

1 Amount rolled over	0.
2 Amount, up to \$100,000, paid directly by the trustee of the IRA to a charitable organization. The donor must have been at least 70 1/2 when the distribution was made	0.
3 Amount rolled over into an HSA. This election is irrevocable and can only be done once in the recipient's lifetime	0.
4 Retired public safety officers - amount, up to \$3,000, paid directly from a qualified governmental plan to pay health or qualified long-term care insurance for the taxpayer, spouse, or dependents	0.
5 Excludable amount due to a tax-free exchange; as calculated in a previous year; or by law, is specifically tax-exempt	0.
* If the distribution is from a traditional, SEP, or SIMPLE IRA and you ever made nondeductible IRA contributions, check	
* If this is a conversion from a traditional IRA to a Roth IRA, check	
If PART of this distribution was converted to a Roth IRA,	

US 1099-R

Distributions from Profit-Sharing, Retirement Plans, IRA's, etc.

2009

This 1099-R is for the: ☒ Taxpayer ☐ Spouse

Check if this 1099-R is handwritten, altered, or appears not to be a true 1099-R.

Corrected

Payer's ID: 41-1366075 Name code: ALLI		1 Gross (RRB line 7) 6774.	Taxable amount not determined
Payer's name Allianz life Payer's care of name. Use % for care of.		2 Taxable amount 6774.	Total distribution Elect 10 averaging
Payer's address 5701 Golden Hills Dr Payer's Zip code, city, and state 55416 Minneapolis MN		3 Capital gain in line 2 0.	4 Federal tax withheld 677.
Recipient's social security number: 283-09-9564		5 Employee contributions, Designated Roth contributions or insurance premiums 0.	6 Net unrealized appreciation in employer's securities 0.
Recipient's name Doris E Lackman Recipient's address 11425 Co Moor Blvd Strongsville OH 44149		7 Codes 7 IRA / SEP / Simple <input checked="" type="checkbox"/>	8 Other 0.0 % 0.
1st year of designated Roth contribution		Check if disability and the taxpayer is disabled Check to force Form 5329	
Account number (optional)		9a Percentage of total distribution 0.0 %	9b Total employee contributions 0.
See F1 Help on the state return for use of these boxes. Instructions vary by state. Check if applies. Box 1 Box 2 Box 3 Railroad retirement	10 State tax 0.	11 State and state ID no.	12 State distribution 0.
	0.		0.
	13 Local tax 0.	14 Locality name	15 Local distribution 0.
	0.		0.

Exclusion Worksheet

1 Amount rolled over	0.
2 Amount, up to \$100,000, paid directly by the trustee of the IRA to a charitable organization. The donor must have been at least 70 1/2 when the distribution was made	0.
3 Amount rolled over into an HSA. This election is irrevocable and can only be done once in the recipient's lifetime	0.
4 Retired public safety officers - amount, up to \$3,000, paid directly from a qualified governmental plan to pay health or qualified long-term care insurance for the taxpayer, spouse, or dependents	0.
5 Excludable amount due to a tax-free exchange; as calculated in a previous year; or by law, is specifically tax-exempt	0.
* If this is a Qualified Disaster Recovery Assistance Retirement Plan Distribution for Form 8930, check here	0.
* If the distribution is from a traditional, SEP, or SIMPLE IRA and you ever made nondeductible IRA contributions, check here	
* If this is a conversion from a traditional IRA to a Roth IRA,	

US 1099-R Distributions from Profit-Sharing, Retirement Plans, IRA's, etc.

2009

This 1099-R is for the: ☒ Taxpayer ☐ Spouse

Check if this 1099-R is handwritten, altered, or appears not to be a true 1099-R.

Corrected

Payer's ID: 41-1366075 Name code: ALLI	1 Gross (RRB line 7) 7500.	Taxable amount not determined
Payer's name Allianz Life Payer's care of name. Use % for care of.	2 Taxable amount 7500.	Total distribution Elect 10 averaging
Payer's address 5701 Golden Hills Dr Payer's Zip code, city, and state 55416 Minneapolis MN	3 Capital gain in line 2 0.	4 Federal tax withheld 750.
Recipient's social security number: 283-09-9564	5 Employee contributions, Designated Roth contributions or insurance premiums 0.	6 Net unrealized appreciation in employer's securities 0.
Recipient's name Doris E Lackman Recipient's address 11425 Co Moor Blvd Strongsville OH 44149	7 Codes 7 IRA / SEP / Simple	8 Other 0.0 % 0.
1st year of designated Roth contribution	Check if disability and the taxpayer is disabled Check to force Form 5329	
Account number (optional)	9a Percentage of total distribution 0.0 %	9b Total employee contributions 0.
See F1 Help on the state return for use of these boxes. Instructions vary by state. Check if applies. Box 1 Box 2 Box 3 Railroad retirement	10 State tax 0.	11 State and state ID no. OH
	12 State distribution 7500.	13 Local tax 0.
	14 Locality name	15 Local distribution 0.

Exclusion Worksheet

1 Amount rolled over	
2 Amount, up to \$100,000, paid directly by the trustee of the IRA to a charitable organization. The donor must have been at least 70 1/2 when the distribution was made	0.
3 Amount rolled over into an HSA. This election is irrevocable and can only be done once in the recipient's lifetime	0.
4 Retired public safety officers - amount, up to \$3,000, paid directly from a qualified governmental plan to pay health or qualified long-term care insurance for the taxpayer, spouse, or dependents	0.
5 Excludable amount due to a tax-free exchange; as calculated in a previous year; or by law, is specifically tax-exempt	0.
* If this is a Qualified Disaster Recovery Assistance Retirement Plan Distribution for Form 8930, check here	0.
* If the distribution is from a traditional, SEP, or SIMPLE IRA and you ever made nondeductible IRA contributions, check here	
* If this is a conversion from a traditional IRA to a Roth IRA,	

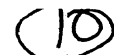
9

2010 PENSIONS AND ANNUITIES SUMMARY ATTACHMENTDoris E Lackman
283-09-9564

Payer Name	Payer's Federal EIN	T or S	Pension Amount	Taxable Amount	Capital Gain Incl in Box 2a	Federal Tax Withheld	Distrib Code	IRA/SEP/SMPL	State	State Tax Withheld	Local Tax Withheld
→ Allianz life	41-1366075	T	7,500	7,500		750	7	X	OH		
EATON VANCE STRATEGIC	04-3099582	T	681	681		68	7	X	OH		
CAPITAL BANK AND TRUS	95-6817943	T	2,081	2,081		208	7	X	OH		
CAPITAL BANK AND TRUS	95-6817943	T	3,408	3,408		341	7	X	OH		
CB&T	95-6817943	T	349	349		35	7	X	OH		
CB&T IFA	95-6817943	T	4,369	4,369		437	7	X	OH		
CB&T	95-6817943	T	2,672	2,672		267	7	X	OH		
CB&T ICA	95-6817943	T	1,754	1,754		175	7	X	OH		
EV Larg Cap	04-6006714	T	700	700		70	7	X	OH		
TOTAL IRAs			23,514	23,514		2,351					

Metropolitan LIFE INS	13-5581829	T	30	30			7		OH		
Allianz Life	41-1366075	T	6,491	6,491		649	7		OH		
TOTAL PENSIONS			6,521	6,521		649					

TOTAL 1099Rs			30,035	30,035		3,000					
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P.O. Box 59060
Minneapolis, Minnesota 55459-0060
1-800-950-1962

Check Date: 02/02/2011

February 2, 2011

Re: Partial Surrender on Policy/Contract Number 6754187 DORIS E LACKMAN

Dear client:

The attached check in the amount of \$7,800.00 represents a partial surrender from your annuity policy/contract. Your policy/contract values have been adjusted to reflect the partial surrender. An explanation of the values related to a partial surrender is in your policy/contract. We have deducted \$15.00 for shipping charges.

Please be advised that \$8,683.33 will be reported to the IRS as taxable for the current tax year. Policyholder/contract owners under the age of 59 ½ may be subject to certain IRS premature distribution penalties. Consult your attorney or tax advisor for specific details. Federal income tax has been withheld in the amount of \$868.33.

If you have any questions, please feel free to contact your agent or call us at 800.950.1962.

Policyholder Benefits
Allianz Life Insurance Company of North America

C: EILEEN FERN Office Number 000043450